

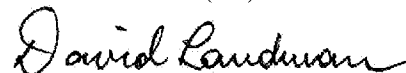
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Hack et al.  
Appl. No. : 10/817,239  
Filed : April 5, 2004  
For : INDIUM SUPPLEMENT  
COMPOSITIONS AND METHODS  
THEREFOR  
Examiner : Pak, John, D.  
Group Art Unit : 1616

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attachments are being deposited with the EFS of the United States  
Patent and Trademark Office addressed to: Commissioner for  
Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 21, 2006

(Date)



David Landman, Reg. No. 51,324

## REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please find enclosed two signed and completed Forms PTO/SB/82 revoking any previous powers of attorney in the subject application and appointing the undersigned having Customer Number: 60878 with a New Power of Attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



David Landman, Ph.D.  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/817,239
Filing Date	April 5, 2004
First Named Inventor	Hack, Jacob, C.
Art Unit	1616
Examiner Name	Pak, John, D.
Attorney Docket Number	JCHACK.0001P

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

60878

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

60878

**OR**☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Jacob C. Hack

Date

March 20, 2006

Telephone

702-383-9664

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/817,239
	Filing Date	April 5, 2004
	First Named Inventor	Hack, Jacob, C.
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**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 60878

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 60878

**OR**


<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Richard D. Tobias		
Date	March 20, 2006	Telephone	702-383-9664

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

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